

CLAIMS ONLY						Application Number <i>101619 ECFI</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7	1						
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
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42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
Total Indep							
Total Depend							
Total Claims							